REFRAMING QUEER HEALTH:
CONVERSATIONS ON BELONGING & COMMUNITY

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BACKGROUND

Much recent scholarship has centred on the importance of GBT2Q health and health equity from a clinical perspective [1,2].

Other recent scholarship has reframed queer & GBT2Q health as tactical and geopolitical[3]; from a depathological & human rights framework[4]; and using queer theory[5].

How can we re-imagine health in broader terms that consider the social & embodied aspects of health equity?

Using author's work on queer belonging in Alberta, this presentation seeks to expand conversations around queer & GBT2Q health to consider the social and affective as primary tactics for survival.

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QUEER BELONGING AB

This presentation draws upon nine interviews[1] done from 2018 – 2019 with queer people living in Lethbridge, Calgary and Edmonton that asked participants to reflect on their experiences with, and understanding of, belonging & community.

> Call out for queer & LGBTQ2S+ participants posted in the community and shared on Facebook (@queerbelongingab)

> 25 respondents, 9 participants
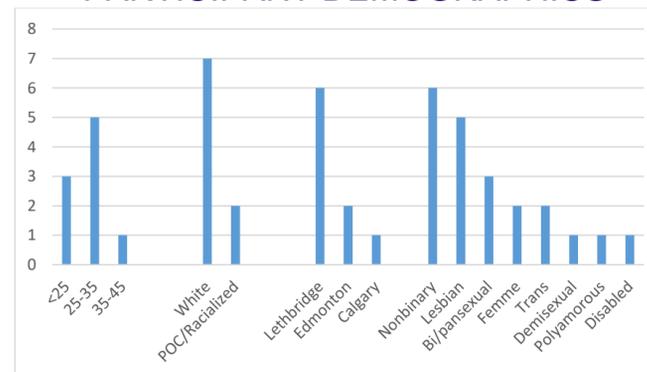
PARTICIPANT DEMOGRAPHICS

Figure 1: Breakdown of participant demographics identified by interviewees.

> Participants were given semi-structured interviews (13 questions related to queer community, belonging, and kinship, in addition to demographics questions) which were audio recorded & transcribed

CONVERSATIONS ON COMMUNITY

While many participants recognized and named a value to queer community organizations & events (ex., visibility, feeling of safety in queer identity, access to information/resources) all participants noted a lack of feeling like they belonged in these spaces.

> Role of desires for safety, belonging, and connection in seeking community
  • Shared experiences, ways of articulating experiences and identities
  • Desire to "check in" and validate/normalize trans experience
  • Helping each other flourish & survive
  • Relationships built on trust & shared goals for the future

> Impacts of Ableism, colonialism & white supremacy
  • Uneven representation impacted participants' ability to comfortably inhabit queer social space (i.e., feeling that some identities are seen as more valid, ex., young, white, educated, left leaning)
  • Ways that some bodies can comfortably inhabit space depends on invisible labour[6], especially for POC
  • Inclusions/exclusions play out in complex ways dependent on multiple positionalities and relationalities

FUTURE DIRECTIONS

Participants felt most supported by, & experienced the most belonging in, intimate, close relationships with other queers, and a few named this as integral to their survival
  • Through organizing for accessible events/spaces
  • Organizing around shared goals & desired futures
  • Holding space to relate & feel validated, accepted, affirmed, understood)

> Consider health & survival on micro/personal level, and as a relational

> More research needs to be done exploring the role of social worlds & the intimate in queer survival

> How can thinking about the intimate as part of conversations around care shift how we imagine queer health?

CONTACT
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[1] This research has received ethical approval from the University of Lethbridge Human Participant Research Committee.